Institute for Healthcare Improvement

Case Study: A Cascade of Missed Opportunities

Meet Shondra Johnson, a 30-year-old patient who is 30 weeks pregnant. Recently, she's noticed significant swelling in her feet and ankles, something she assumed was normal. Over the past few days, Shondra has also experienced intermittent headaches. This morning, she woke up with a severe headache. Despite her symptoms, she decides not to seek immediate care because she has a prenatal appointment scheduled for later in the afternoon.

Initial Prenatal Appointment

Later that afternoon, Shondra drives herself to her prenatal appointment because her husband is working from home while watching their 3-year-old daughter. During the routine prenatal appointment, Shondra's physician detects high blood pressure and expresses concern. She is instructed to go to the hospital's labor and delivery unit immediately for further evaluation, but the severity of her condition is not explained. Feeling confused and anxious, Shondra leaves the office. The administrative staff calls the hospital but fails to mention her high blood pressure, leaving the labor and delivery team unprepared for her arrival.

Urgent Hospital Referral

Shondra drives herself to the hospital after her prenatal appointment. Unfamiliar with the hospital layout, Shondra parks a block away from the hospital at 2:20 PM. At 2:30 PM, Shondra walks into the emergency department and is greeted by an administrative staff member. The staff asks a few questions about her insurance and then tells her to take a seat for a few minutes because they are short-staffed and very busy. Shondra's headache is getting worse. After waiting for 10 minutes, the staff calls her name and asks why she came to the hospital. During this brief exchange, they learn that Shondra is pregnant. She does not speak with or see a nurse, and no one takes her vital signs.

The staff member then says in an annoyed tone, "Didn't you know you should have gone straight to Labor and Delivery instead of wasting time in the Emergency Department?" Without waiting for a response, the staff asks, "Can you walk on your own to Labor and Delivery? We're really busy right now." Even though Shondra has the worst headache of her life, she doesn't want to bother them and replies, "Yes, I can walk."

Labor and Delivery Arrival

At 3:00 PM, Shondra arrives at Labor and Delivery. The front desk administrative coordinator quickly glances at her and notes that Shondra does not appear to be in labor. It is also a busy day in the unit. Shondra is told to sit down and that a nurse will see her as soon as possible.

When Shondra tries to explain that she has a severe headache and was sent by her doctor for urgent evaluation, the coordinator receives a phone call and is interrupted by several clinicians. Shondra's headache continues to worsen.

After waiting 15 minutes and watching several people escorted into the evaluation area ahead of her, Shondra approaches the desk. She waits for the coordinator to finish what they are doing and then says, "I have a really bad headache and high blood pressure. My physician told me I needed to come here for urgent evaluation." She asks, "Will someone be able to see me soon?"

The coordinator rolls their eyes and responds, "Can't you see how busy we are? A nurse will evaluate you as soon as they can."

Labor and Delivery Evaluation

At 3:20 PM, a nurse escorts Shondra to the evaluation area, provides a gown, and instructs her to undress and lie on the stretcher in the cubby. At 3:30 PM, the nurse returns to take her vital signs and medical history. Shondra's blood pressure is 180/112. She reports having the worst headache of her life, significant swelling, and blurry vision.

The nurse asks Shondra to turn onto her side and retakes her blood pressure: 190/112. While calling the physician's office to confirm Shondra's previous blood pressure and provide an update, the nurse hears gurgling and thrashing sounds. Shondra is having a seizure.

Delivery

The nurse immediately calls for help and retrieves the emergency cart. The team works quickly to care for Shondra and her unborn child, administering medications and taking steps to prevent injury. The seizure ends, and both Shondra and her baby survive the episode.

However, this hospital is not equipped to manage high-risk pregnancies and does not have a neonatal intensive care unit. The clinical team consults with a perinatologist, who determines that once Shondra is stabilized, she must be transferred to a high-risk facility 45 minutes away.

The transfer occurs without incident. After stabilization at the receiving hospital, Shondra undergoes an emergency cesarean section and delivers her baby.

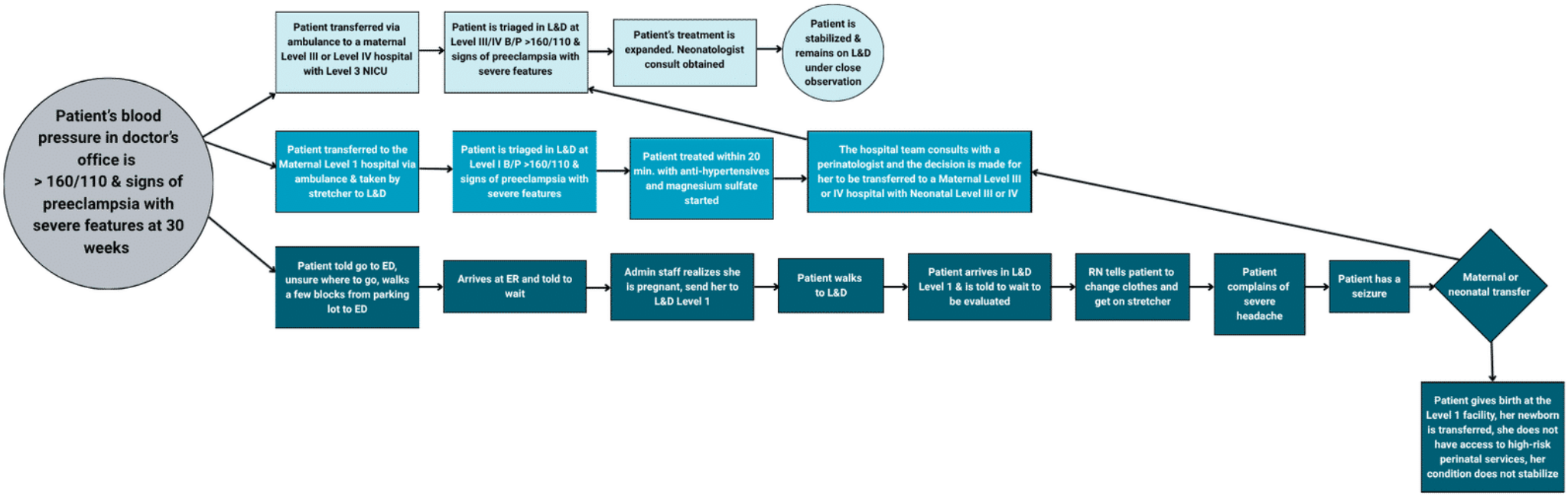
Postpartum Discharge

Postpartum, Shondra's blood pressure remains higher than it was at the start of her pregnancy, and she still has noticeable swelling in her ankles, feet, and face. She is provided with a blood pressure monitor and discharged with instructions to follow up with her physician in 10 days. No medication is prescribed for her blood pressure.

Several members of the care team reassure her that now that her baby has been delivered, she is no longer at risk and that the swelling and elevated blood pressure will resolve over time. At discharge, Shondra also has a slight fever.

Postpartum Outcome

After being discharged home, Shondra feels very ill. She is concerned because she didn't feel this sick after her first baby was born. She calls her physician's office multiple times seeking help, but each time she is told to "give it more time." Eventually, she secures an in-person appointment and learns she has an infection and high blood pressure. She is sent home with prescriptions for antibiotics and blood pressure medication. Later that same day, Shondra collapses and dies at home.


Patient's blood pressure in doctor's office is > 160/110 & signs of preeclampsia with severe features at 30 weeks
Patient transferred via ambulance to a maternal Level III or Level IV hospital with Level 3 NICU
Patient is triaged in L&D at Level III/IV B/P >160/110 & signs of preeclampsia with severe features
Patient's treatment is expanded. Neonatologist consult obtained
Patient is stabilized & remains on L&D under close observation
Patient transferred to the Maternal Level 1 hospital via ambulance & taken by stretcher to L&D
Patient is triaged in L&D at Level I B/P >160/110 & signs of preeclampsia with severe features
Patient treated within 20 min. with anti-hypertensives and magnesium sulfate started
The hospital team consults with a perinatologist and the decision is made for her to be transferred to a Maternal Level III or IV hospital with Neonatal Level III or IV
Patient told go to ED, unsure where to go, walks a few blocks from parking lot to ED
Arrives at ER and told to wait
Admin staff realizes she is pregnant, send her to L&D Level 1
Patient walks to L&D
Patient arrives in L&D Level 1 & is told to wait to be evaluated
RN tells patient to change clothes and get on stretcher
Patient complains of severe headache
Patient has a seizure
Maternal or neonatal transfer
Patient gives birth at the Level 1 facility, her newborn is transferred, she does not have access to high-risk perinatal services, her condition does not stabilize